


Type a plus sign (+) inside this box -> 

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration OR  
Submitted  
with Initial Filing

☐ Declaration  
Submitted after  
Initial Filing

Attorney D cket Number

First Named Invent r

I. GINSBURGH

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CO<sub>2</sub> ENRICHED, LOW, AND VERY LOW VAPOR PRESSURE  
LIQUID HYDROCARBON FUELS

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

12/18/01

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.50.

I hereby claim foreign priority benefits under Title 35, United States Code §110 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §110(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/256644	12/20/00	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

20040134 010802

Type a plus sign (+) inside this box -> ☐

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing

Attorney's Docket Number

First Named Inventor

I. GINSBURGH

## COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CO<sub>2</sub>-ENRICHED LOW, AND VERY LOW, VAPOR PRESSURE  
LIQUID HYDROCARBON FUELS

(Title of the Invention)

the specification of which

☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY)

12-18-01

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 305(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/256844	12/20/00	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.  
 Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231.  
 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

Type a plus sign (+) inside box → ☐

# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	CLYDE	Middle Initial	L	Family Name	TICHENOR	Suffix e.g. Jr.	
Inventor's Signature	Clyde L Tichenor				Date	12-18-01	
Residence: City	SOMIS	State	CA	Country	USA	Citizenship	US
Post Office Address	6470 LaCumbre Rd						
Post Office Address							
City	SOMIS	State	CA	Zip	93066	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	DARRELL	Middle Initial	J	Family Name	METCALF	Suffix e.g. Jr.	
Inventor's Signature	Darrell J Metcalf				Date	12-18-01	
Residence: City	FILMORE	State	CA	Country	USA	Citizenship	USA
Post Office Address	905 N Oak Ave.						
Post Office Address							
City	Filmore	State	CA	Zip	93012	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

☐ Additional inventors are being named in supplemental sheet(s) attached hereto

20040134 "C" 0302

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Group Art Unit:

Serial No. :

Filed : 12-18-01

For : CO<sub>2</sub> ENRICHED LOW, AND VERY LOW, VAPOR  
PRESSURE, LIQUID HYDROCARBON FUELS

DECLARATION OF FACTS IN SUPPORT OF PETITION TO MAKE SPECIAL  
BASED ON THE APPLICANT'S AGE  
(37 CFR 1.102(c) and MPEP 708.02. IV)

Commissioner of Patents and Trademarks  
Washington, D. C. 20231

I, CLYDE L. TICHENOR

that I am the inventor of the above-identified patent application,

that I am 76 years of age;

that the copy of the California driver's license attached hereto is  
a true copy of my driver's license and reflects that I am 76  
years of age; and

that the copy of the Health Insurance Social Security card attached  
hereto which cannot be obtained before reaching 65 years of  
age is a true copy of my card which I received when I was 65 years  
of age.

I further declare that all statements made herein of my own  
knowledge are true and that all statements made on information and  
belief are believed to be true, and further that these statements  
were made with the knowledge that willful false statements and the  
like so made are punishable by fine or imprisonment, or both, under  
section 1001 of Title 18 of the United States Code, and that such  
willful false statements may jeopardize the validity of the  
application or any patent issuing thereon.

12-18-01  
Date

Clyde L. Tichenor


1c971 U.S. PTO

10/040134



01/08/02

**CALIFORNIA**  
DRIVER LICENSE  
Y0890536 CLASS: C  
EXPIRES 08-28-97




CLYDE LEROY TICHENOR  
905 N OAK AVE  
FILLMORE, CA 93015  
SEX: M HAIR: BRN EYES: BRN  
HT: 5-11 WT: 160 DOB: 08-28-25  
RSTR: CORR LENS

*Clyde L. Tichenor*  
06/30/93 630 071 FD/97 1011

renewed  
driver's  
license

**CALIFORNIA**  
DRIVER LICENSE CLASS: C  
Y0890536  
EXPIRES 08-28-97



CLYDE LEROY TICHENOR  
PO BOX 734  
SONOMA, CA 93066  
SEX: M HAIR: BRN EYES: BRN  
HT: 5-11 WT: 160 DOB: 08-28-25  
RSTR: CORR LENS

*Clyde L. Tichenor*  
06/01/98 630 127 FD/01 1024

MEDICARE HEALTH INSURANCE  
SOCIAL SECURITY ACT

NAME OF BENEFITARY

CLYDE L TICHENOR

MEDICARE CLAIM NUMBER

545-30-9891-A

MALE

SENT TO

HOSPITAL (PART A) 8-1-90

MEDICAL (PART B) 9-1-90

SSN

*Clyde L. Tichenor*